

## Alaska Nonprofit Organization Profile Form

### Nonprofit Organization Contact Information

|   |  |
|---|--|
| Name of organization  |  |
| Location  |  |
| Website url   |  |
| Contact name  |  |
| Mailing address   |  |
| Phone   |  |
| Email   |  |
| <b>Alaska Entity Number</b><br>Assigned by SOA Dept. of Commerce,<br>Community, and Economic Development<br><a href="https://www.commerce.alaska.gov/cbp/Main/Search/Entities">https://www.commerce.alaska.gov/cbp/Main/Search/Entities</a> |  |

### Qualifications

|  |                                    |  |
|--|------------------------------------|--|
| Does the organization have at least 3 years of experience running or working with before- or after-school (or summer recess) programs and activities?  | Yes<br><br>No                      |  |
| Number of years?   |                                    |  |
| <b>If the answer above is no,</b><br>give the name and contact information of the organization you will be formally partnering with who meets that criteria and who will provide mentoring and guidance to you | <b>Name of mentor Organization</b> |  |
|  | Contact name                       |  |
|  | Email                              |  |
|  | Phone                              |  |
| Briefly describe what relevant services your organization traditionally provides (400 character limit)   |                                    |  |
| List 3 organizations who are familiar with your organization's work and can affirm the quality and history of your services.   | <b>Organization name</b>           |  |
|  | Contact name                       |  |
|  | Email                              |  |
|  | <b>Organization name</b>           |  |
|  | Contact name                       |  |
|  | Email                              |  |
|  | <b>Organization name</b>           |  |
|  | Contact name                       |  |
|  | Email                              |  |

| Possible Partnership Services   |  |
|---|--|
| Briefly describe what programming and services you are interested in and capable of providing in a 21 <sup>st</sup> CCLC partnership?<br>(limit to 600 characters)  |  |
| Are you interested in and capable of participating in a long-distance partnership using VTC, web conferencing, or other technological tools?<br>(limit to 200 characters)   |  |
| Assurances and Understandings   |  |
| <ul style="list-style-type: none"> <li>• I verify all the profile information submitted is current and accurate</li> <li>• I understand submitting incomplete and/or out-of-date profile information may result in my organization not being included in the pool</li> <li>• I verify my organization is an Alaska non-profit entity in good standing</li> <li>• I verify I am an employee or officer of the organization for whom I am submitting this profile information and have the authority to submit the information on the organization's behalf</li> <li>• I understand this solicitation for information will not result in a contract with the Alaska Department of Education &amp; Early Development (DEED) nor does this listing represent an endorsement by DEED. The list will be posted (for informational purposes only) for any 21<sup>st</sup> CCLC grant applicant to view and utilize at their own discretion.</li> </ul> |  |
| By checking this box I verify the veracity of all information provided and my agreement with the "Assurances and Understandings" written above  |  |
| Name  |  |
| Email   |  |

Complete and send as an electronic, not scanned, PDF to [jessica.paris@alaska.gov](mailto:jessica.paris@alaska.gov) to request to be included in the Alaska 21<sup>st</sup> CCLC External Organization Partner Pool.

Instructions for completing this form and information about the Alaska 21<sup>st</sup> CCLC External Organization Partner Pool can be found on the DEED 21<sup>st</sup> CCLC webpage at <https://education.alaska.gov/21cclc>